

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**COPY**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning Aug 1, 2009, and ending Jul 31, 2010

<b>B</b> Check if applicable: Address change Name change Initial return Termination Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization AMERICAN ASSOCIATION FOR LOST CHILDREN, INC		<b>D</b> Employer identification number 76-0224866
		Number and street (or P.O. box if mail is not delivered to street addr) (room/suite) PO BOX 386		<b>E</b> Telephone number (724) 537-6970
		City, town or county YOUNGSTOWN	State ZIP code + 4 PA 15696	<b>G</b> Gross receipts \$ 72,509.
		<b>F</b> Name and address of principal officer: MARK R. MILLER PO BOX 386 YOUNGSTOWN PA 15696		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number		
<b>J</b> Website: www.aaflic.org				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2008		<b>M</b> State of legal domicile: PA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: RECOVERING MISSING CHILDREN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	100
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	104,268.	79,889.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,248.	-7,880.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252.	500.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,768.	72,509.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,175.	119,993.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	9,907.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	113,308.	60,282.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	261,483.	180,275.
19 Revenue less expenses. Subtract line 18 from line 12	-136,715.	-107,766.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	329,380.	246,808.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,090.	106.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Mark R. Miller* Date: 06/09/2011  
 Type or print name and title: MARK R. MILLER

**Paid Preparer's Use Only**  
 Preparer's signature: Shari Bukovac Date: 06/07/11  
 Firm's name (or yours if self-employed), address, and ZIP + 4: 1301 I.C.V. Road Melcroft PA 15462  
 Check if self-employed:  X  
 Preparer's identifying number (see instructions): 25-1882003  
 EIN: 25-1882003  
 Phone no.: (724) 455-3897

Part III Statement of Program Service Accomplishments

7 Briefly describe the organization's mission:
RECOVERING MISSING CHILDREN

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

4a (Code: ) (Expenses \$ 146,793, including grants of \$ 0.) (Revenue \$ 0.)
30 MISSING CHILDREN CASES WORKED
1 MISSING CHILDREN RECOVERED

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)
4e Total program service expenses 146,793.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
			X
13	Is the organization a school described in section 170(c)(1)(A)(i)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 7e? If 'Yes,' complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

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Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1099, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1 a</b>	0		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1 a. Enter -0- if not applicable.		
<b>1 b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2 a</b>			
<b>2 b</b>	If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1 a and 2 a is greater than 250, you may be required to file this return. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3 a</b>			
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>3 b</b>			
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 a</b>			
<b>b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 a</b>			
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 b</b>			
<b>5 c</b>	If 'Yes,' to line 5 a or 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5 c</b>			
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6 a</b>			
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>6 b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7 a</b>			
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 b</b>			
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 c</b>			
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 d</b>			
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 e</b>			
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 f</b>			
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 g</b>			
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7 h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9 a</b>			
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		X
<b>9 b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 a</b>			
<b>10 b</b>	Gross Receipts, included on Form 990, Part VII, line 12, for public use of club facilities.		
<b>10 b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders.		
<b>11 a</b>			
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>11 b</b>			
<b>12 a</b>	<b>Section 4947(a)(1) nonexempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 a</b>			
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
<b>12 b</b>			

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1a	100	
b Enter the number of voting members that are independent		
1b	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
12c	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
15a		X
b Other officers of key employees of the organization		X
15b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed: \_\_\_\_\_
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 MARK R MILLER    539 FRED ROGERS DRIVE    LATROBE    PA    15650    (724) 537-6970







**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 24,519.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 55,370.				
	g Noncash contribs included in lns 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		79,889.			
PROGRAM SERVICE REVENUE	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,980.	0.	0.	1,980.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-9,860.	-9,860.	0.	0.
	8a Gross income from fundraising events (not including \$ 24,519. of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue		500.	500.	0.	0.	
<b>e Total.</b> Add lines 11a-11d		500.				
<b>12 Total revenue.</b> See instructions		72,509.	-9,360.	0.	1,980.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	105,746.	83,520.	18,009.	4,217.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	5,400.	5,400.	0.	0.
10 Payroll taxes	8,847.	8,847.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	4,410.	4,410.	0.	0.
c Accounting	642.	182.	460.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	1,140.	1,140.	0.	0.
12 Advertising and promotion	50.	50.	0.	0.
13 Office expenses	7,846.	7,399.	447.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	13,231.	12,271.	0.	960.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,403.	5,403.	0.	0.
23 Insurance	545.	545.	0.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>WEB HOSTING</u>	114.	114.	0.	0.
b <u>SHIRTS</u>	1,302.	1,302.	0.	0.
c <u>FEES &amp; PERMITS</u>	3,777.	2,377.	110.	1,290.
d <u>MEALS</u>	1,400.	1,077.	0.	323.
e <u>INVESTIGATIVE INFORMATION</u>	2,253.	2,253.	0.	0.
f All other expenses	18,169.	10,671.	4,381.	3,117.
25 Total functional expenses. Add lines 1 through 24f	180,275.	146,961.	23,407.	9,907.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2009)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing	3,086.	1	17,297.	
	2	Savings and temporary cash investments	180,346.	2	70,498.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	142,134.			
		<b>b</b> Less: accumulated depreciation	36,818.	109,880.	10c	105,316.
	11	Investments — publicly-traded securities	36,068.	11	53,697.	
	12	Investments — other securities. See Part IV, line 11		12		
	13	Investments — program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	329,380.	16	246,808.		
LIABILITIES	17	Accounts payable and accrued expenses	2,090.	17	106.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,090.	26	106.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	327,290.	27	246,702.	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, and equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances.</b>	327,290.	33	246,702.		
34	<b>Total liabilities and net assets/fund balances.</b>	329,380.	34	246,808.		

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
2b	Were the organization's financial statements audited by an independent accountant? .....		X
2c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
3b	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

BAA

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

BAA

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	21,066.	49,900.	53,523.	104,520.	79,889.	308,898.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		1,642.				1,642.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	21,066.	51,542.	53,523.	104,520.	79,889.	310,540.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						310,540.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	21,066.	51,542.	53,523.	104,520.	79,889.	310,540.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,680.	18,892.	26,081.	20,248.	1,980.	82,881.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,680.	18,892.	26,081.	20,248.	1,980.	82,881.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	105.	617.	239.	252.	500.	1,713.
13 Total support. (Add lines 9, 10c, 11, and 12.)						395,134.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	78.59%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	71.24%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	20.98%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	28.41%

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part III, Line 12

Description: MISC. INCOME

2005: 105.

2006: 617.

2007: 239.

2008: 252.

2009: 500.



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Open to Public  
Inspection

Name of the organization

AMERICAN ASSOCIATION FOR LOST CHILDREN, INC

Employer identification number

76-0224866

Pt VI-A, Line 2 PRESIDENT AND DIRECTOR ARE SIBBLINGS

Pt VI-B, Line 11a REVIEWED AT BOARD MEETING

Pt VI-B, Line 12c ALL BUSINESS DISCUSSED AND REVIEWED

Form **4562**

**Depreciation and Amortization  
(Including Information on Listed Property)**

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

**2009**

Attachment  
Sequence No. **67**

Names shown on return

**AMERICAN ASSOCIATION FOR LOST CHILDREN, INC**

Identifying number

**76-0224866**

Business or activity to which this form relates

**Form 990 / Form 990E2**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	5,202.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		838.	5.0 yrs	HY	200 DB	168.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	33.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	5,403.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, completely 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
AT&T OFFICE PHONE 02/04/09 100.00 134. 134. 7.00 200 DB-HY 33.								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	33.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. You provided vehicles to your employees; first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Supporting Statement of:**

Form 990 p 9/Fundraising Events

Description	Amount
FUNDRAISING INCOME	13,191.
5K COSTUMES FOR A CAUSE	1,468.
KENNYWOOD FUNDAY PASS	9,860.
Total	<u>24,519.</u>

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

Description	Amount
CONTRIBUTIONS RECEIVED	10,091.
GRANTS	2,750.
VENDING PROCEEDS	42,370.
GOODSEARCH INCOME	159.
Total	<u>55,370.</u>

**Supporting Statement of:**

Form 990 p 9/Line 3 Column D

Description	Amount
INTEREST	1,601.
DIVIDEND	379.
Total	<u>1,980.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11c col (B)

Description	Amount
PAYROLL PROCESSING	182.
Total	<u>182.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11g col (B)

Description	Amount
CONTRACT LABOR	15.
PRIVATE INVESTIGATORS	1,125.
Total	<u>1,140.</u>

**Supporting Statement of:**

Form 990 p 10/Line 13 col (B)

Description	Amount
POSTAGE	2,527.
TELEPHONE	4,872.
Total	<u>7,399.</u>

**Supporting Statement of:**

Form 990 p 10/Line 17 col (B)

Description	Amount
PARKING & TOLLS	110.
AIRFARE	5,483.
CAR RENTAL	5,585.
HOTEL	1,093.
Total	<u>12,271.</u>

**Supporting Statement of:**

Form 990 p 10/Line 17 col (D)

Description	Amount
PARKING & TOLLS	30.
TRAVEL	815.
HOTEL	115.
Total	<u>960.</u>

## Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
S&T BANK	2,915.
PAY PAL	8.
PETTY CASH	163.
Total	<u>3,086.</u>

## Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
S & T	13,536.
PAY PAL	3,761.
Total	<u>17,297.</u>

## Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
FIDELITY MONEY MARKET	50,332.
CORUS BANK MMA	48,260.
CORUS BANK CD	81,754.
Total	<u>180,346.</u>

## Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
CAPITAL ONE	70,498.
Total	<u>70,498.</u>

Supporting Statement of:

Form 990 p 11/Line 11, column (A)

Description	Amount
FIDELITY INVESTMENTS	63,243.
ADJ FOR FAIR MARKET VALUE	-27,175.
Total	<u>36,068.</u>

Supporting Statement of:

Form 990 p 11/Line 11, column (B)

Description	Amount
OPTIONHOUSE INVESTMENTS	53,697.
Total	<u>53,697.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
PAYROLL TAX LIAB	2,090.
Total	<u>2,090.</u>

**Form 4562**

**Depreciation and Amortization Report**

2009

AMERICAN ASSOCIATION FOR LOST CHILDREN, INC  
Tax Year 2009

76-0224856

Keep for your records

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
DELL LAPTOP		10/28/09	838		100.00	0		838	5.00	2000B/HY		168
SUBTOTAL CURRENT YEAR			838	0				838				168
FURN & EQUIPMENT		02/01/06	19,066		100.00			19,066	7.00	2000B/HY	16,846	634
SOFTWARE		02/01/06	1,259		100.00			1,259	5.00	2000B/HY	1,056	135
BUILDING		03/01/06	90,545		100.00			90,545	39.00	SL/MM	8,025	2,316
LAND IMPROVEMENTS		05/01/06	12,589		100.00			12,589	39.00	SL/MM	1,154	319
LAND IMPROVEMENTS		11/01/06	8,243		100.00			8,243	39.00	SL/MM	574	211
FURN & EQUIPMENT		02/01/07	3,633		100.00			3,633	7.00	2000B/HY	2,044	454
LAND IMPROVEMENTS		08/01/07	257		100.00			257	15.00	1500B/HY	257	0
FURN & EQUIPMENT		02/01/08	2,038		100.00			2,038	7.00	2000B/HY	790	357
SOFTWARE		02/01/08	450		100.00			450	5.00	2000B/HY	239	88
CORDLESS STRING TRIMMER		10/16/08	91		100.00			91	7.00	2000B/HY	13	22
COLOR LASER PRINTER		10/16/08	244		100.00			244	5.00	2000B/HY	49	78
NEC NP100 PROJECTOR		12/04/08	513		100.00			513	7.00	2000B/HY	73	126
DELL LAPTOP P5500		02/04/09	898		100.00			898	5.00	2000B/HY	180	287
MISC		02/04/09	217		100.00			217	5.00	2000B/HY	43	70
AT&T OFFICE PHONE	L	02/04/09	134		100.00			134	7.00	2000B/HY	19	33
IMPROVEMENTS (CARPET)		03/04/09	1,109		100.00			1,109	15.00	1500B/HY	55	105
SUBTOTAL PRIOR YEAR			141,296	0		0	0	141,296			31,417	5,235
TOTALS			142,134	0		0	0	142,134			31,417	5,403

Code: S = Solid, A = Auto, L = Listed, C = COGS

FDW3601 07/21/09



Form 4562

AMERICAN ASSOCIATION FOR LOST CHILDREN, INC  
 Form 990 - / Form 990EZ

Alternative Minimum Tax Depreciation Report

Tax Year 2009

2009

Keep for your records

76-0224866

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION													
DELL LAPTOP		10/28/09	838		100.00	0		838	5.00	150DB/HY		126	42.
SUBTOTAL CURRENT YEAR			838	0	0			838				126	42.
FURN & EQUIPMENT		02/01/06	19,066		100.00			19,066	7.00	150DB/HY	16,649	691	-57.
SOFTWARE		02/01/06	1,259		100.00			1,259	5.00	150DB/HY	1,056	135	0.
BUILDING		03/01/06	90,545		100.00			90,545	39.00	SL/MM	8,025	2,316	0.
LAND IMPROVEMENTS		05/01/06	12,589		100.00			12,589	39.00	SL/MM	1,154	319	0.
LAND IMPROVEMENTS		11/01/06	8,243		100.00			8,243	39.00	SL/MM	574	211	0.
FURN & EQUIPMENT		02/01/07	3,633		100.00			3,633	7.00	150DB/HY	1,886	388	66.
LAND IMPROVEMENTS		08/01/07	257		100.00			257	15.00	150DB/HY	297	0	0.
FURN & EQUIPMENT		02/01/08	2,038		100.00			2,038	7.00	150DB/HY	665	294	63.
SOFTWARE		02/01/08	460		100.00			460	5.00	150DB/HY	202	77	11.
CORDLESS STENCIL TRAINER		10/16/08	91		100.00			91	7.00	150DB/HY	10	17	5.
COLOR LASER PRINTER		10/16/08	244		100.00			244	5.00	150DB/HY	37	62	16.
NEC WF100 PROJECTOR		12/04/08	513		100.00			513	7.00	150DB/HY	55	98	28.
DELL LAPTOP E5500		02/04/09	898		100.00			898	5.00	150DB/HY	135	229	59.
MISC		02/04/09	217		100.00			217	5.00	150DB/HY	33	55	15.
AVST OFFICE PHONE	L	02/04/09	134		100.00			134	7.00	150DB/HY	14	26	7.
IMPROVEMENTS (CAMPET)		03/04/09	1,109		100.00			1,109	15.00	150DB/HY	55	109	0.
SUBTOTAL PRIOR YEAR			141,296	0	0	0		141,296			30,807	5,023	212.
TOTALS			142,134	0	0	0		142,134			30,807	5,149	254.

Code: S = Solid, A = Auto, L = Listed, C = COGS, P = Passive

AMERICAN ASSOC FOR LOST CHILDREN  
BALANCE SHEET  
JULY 31, 2010

ASSETS

CURRENT ASSETS		
S&T BANK - OPERATING	\$	13,536.44
PAY PAL		3,760.55
OPTIONHOUSE INVESTMENTS/MMA		53,696.84
CAPITAL ONE - MMA		70,498.07
		<hr/>
TOTAL CURRENT ASSETS		141,491.90
PROPERTY AND EQUIPMENT		
FA - BUILDINGS ACQUISITION		90,545.27
FA - BUILDINGS FRONT		794.64
FA - BUILDINGS REAR		448.20
FA - EQUIPMENT		27,193.91
FA - BUILDING RENOVATION		13,954.19
FA - LAND BEAUTIFICATION		7,000.00
FA - SOFTWARE		1,718.88
FA - FURNITURE		479.99
ACCUMULATED DEPRECIATION		(36,819.98)
		<hr/>
TOTAL PROPERTY AND EQUIPMENT		105,315.10
OTHER ASSETS		
		<hr/>
TOTAL OTHER ASSETS		0.00
		<hr/>
TOTAL ASSETS	\$	<u>246,807.00</u>

LIABILITIES AND CAPITAL

CURRENT LIABILITIES		
PAYROLL TAXES PAYABLE	\$	67,710.09
PA. UNEMPLOYMENT COMPENSATI		(1,182.22)
LOCAL PAYROLL TAX DEPOSITS		(3,709.66)
STATE PAYROLL TAX DEPOSITS		(7,383.22)
FEDERAL PAYROLL TAX DEPOSITS		(55,309.43)
PA LOCAL SERVICE TAX		(20.00)
		<hr/>
TOTAL CURRENT LIABILITIES		105.56
LONG-TERM LIABILITIES		
		<hr/>
TOTAL LONG-TERM LIABILITIES		0.00
		<hr/>
TOTAL LIABILITIES		105.56
CAPITAL		
FUND BALANCE		354,464.70
NET INCOME		(107,763.26)
		<hr/>
TOTAL CAPITAL		246,701.44
		<hr/>
TOTAL LIABILITIES & CAPITAL	\$	<u>246,807.00</u>

UNAUDITED - FOR MANAGEMENT PURPOSES ONLY



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: April 4, 2011

108483.834651.0405.009 1 AB 0.360 375  
10848383465104050091AB0360375

Taxpayer Identification Number:  
76-0224866  
Tax Form: 990  
Tax Period: July 31, 2010



AMERICAN ASSOCIATION FOR LOST  
CHILDREN INC  
539 FRED ROGERS DR  
LATROBE PA 15650-3823395

108483

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **June 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.